

	Out Letters		Edit Visit
Patient Name	Pal, Steve		
Account #:	PALSTE		
Visit Date and Time:		Visit Created: 01/26/2001 04:37 PM	
Status	Date	Medication	Dose
Using	04/01/2000	Amoxicillin	500mg
Using	01/01/2000	Zithromax	1

▼ Chief Complaint / Hx

Chief Complaint Back pain
 Location Lower back
 Quality achy; spasmy
 Severity moderate
 Duration 1 month
 Timing constant
 Context occurred after ?
 Modifying Factors better with standing
 Associated pain down back of leg?
 Signs/Symptoms

Dictated HPI: 45 yo Meds reviewed.

Back as in template.

▼ Review of Systems

General-follow up

Use Profile

General

Weight Gain/Loss none; zxc ; jjlk
 Fatigue none
 Night Sweats

Skin

Eruptions/Rashes none
 Itching/Jaundice none
 Changes in
 Pigment/Texture
 Abnormal
 Nails/Psoriasis

Head

Headache none
 Dizziness none
 Head Trauma

Ears

Hearing Defect
 Earache
 Tinnitus
 Discharge from Ear

Eyes

Changes in Vision
 Inflammation
 Diplopia

Nose

Epistaxis
 Discharge
 Chronic Sinusitus

Lacrimation

Mouth

Condition of Teeth/Dentures
Persistant Sores
Sore Throat
Dysphagia
Hoarseness

Neck

Swellings
Tenderness
Stiffness
Thyroid/Goiter

Breasts

Masses
Tenderness
Discharge

Respiratory

Chronic cough/Asthma none
SOB none
Hemoptysis/Chronic rhinitis
Pleurisy none
History of pneumonia

Cardio

Chest Pain/Angina none
Heart Failure
Heart Attacks
SOB none
PND none
DOE none
Orthopnea none
Palpitation none
Edema none
Murmurs
Varicosities

G.I.

Change in appetite
Nausea none
Vomiting none
Diarrhea none
Constipation
Hematemesis none
Melena none
Change in stools none
Hemorrhoids
Hernia

G.U.

Kidney infections
Stones
Bladder infections none
Difficulty/Burning on urination none
Frequency Urination none
Hematuria
Bladder Discharge none

Reproductive

Gravida / Para / AB
LMP
PMP
Menses onset/regularity
Menopause
Discharge
Contraception
Sexual Function
Impotence

Musculoskeletal

Pain/swelling in joint or muscle
Weakness
Pain in legs
Sores on feet or limbs
Rheumatism
Gout
Phlebitis/Clots
Fractures

Hematologic

Anemia
Transfusions
Bruises
Bleeding disorder
Lumps none
Sickle Cell

Neurologic

Seizures
Fainting
Speech difficulty
Gait
Paralysis

Psychiatric

Depression none

Allergic/Immunologic

History of Hives,
unknown cause

Memory loss/tremor

▽ Physical Examination

Constitutional		Head	
BP Sitting/Standing		Description	no deformities
BP Spine		Eyes	
Pulse Rate/Regularity		Lids	no lesions
Respiratory Rate		Conjunctivae	no injection
Temp		Sclarae	no icterus
Weight		Cornea	clear
Height		Iris/pupils	equal reactive
Development/Nutrition/Body	medium build	Lens	clear
Habitus			
Deformities/Attention to	clean	Fundi	disc sharp; vessels normal
Grooming			
Ears		Nose	
External/Canal Rt	no lesions	Mucosa	no lesions
External/Canal Lt	no lesions	Septum/turbinates	no swelling
TM Rt	no inflam		
TM Lt	no inflam		
Hearing	normal to whisper		
Mouth		Neck	
Lips/teeth/gums	nor. mucosa	Masses/Appearances/Symmetry	sym.; no lesions
Mucosa/Salivary glands/Parotid gland	no swelling	Bruit/JVD	none
Hard/Soft palate	no lesions	Thyroid	nor. size; no nodules
Tongue/Tonsils/Posterior pharynx	no lesions		
Thorax		Limbs	
Symmetry/Dimensions	symm.	Cartoid rt/lt	no bruit
Lungs/Tracheal position/crepitus	trach midline; no crepitus	Brachial rt/lt	nor pulse
Palpation		Radial rt/lt	nor pulse
Percussion	nor. resonance	Femoral rt/lt	nor pulse
Auscultation	clear	Popliteal rt/lt	nor
		DP rt/lt	nor
		PI rt/lt	none
		Edema	minimal
		Varicosities/petechiae	
Cardiovascular		Breasts	
Palpation of Heart	no heave thrill	Inspection	symm
Auscultation of Heart	RR	Palpatation	no lumps
Abdomen		Genitalia Male	
Exam w/notation of any masses/tenderness	no masses; no tenderness	Scrotal Contents Exam	
Exam of liver and spleen	nor size	Testes/Epididymus	no masses
Examination of the aorta	no swelling	Cord and Canal	no masses
Examination for presence/absence of hernia	no hernia	Exam of Penis	no lesions
Exam of anus/penile/rectum/sphincter tone	nor rectal	Digital rectal exam of prostate	nor texture; no nodules

Presence of
hemorrhoids / rectal
masses
Stool for occult blood neg

Genitalia Female
External genitalia (vulva)/
vagina
Uretha / Meatus
Examination of uretha
Examination of bladder
Cervix
Uterus
Rectal
Adnexa/Parametria
Anus / perin

no mass

neg

Lymphatic Nodes
Neck no swelling

Axillae no swelling
Groin no swelling
Other

Musculoskeletal
Exam of gait and station
Inspection/palpation of
digits
Inspection/palpation of
nails

nor gait
noswelling

no lesions

Exam of Hand and Neck

Inspection/palpation
ROM no swelling
nor

Stability no tremor

Muscle Strength and
Tone nor tone

Exam of spine, ribs, and pelvis

Inspection Palpation
ROM w/notation of pain/
crepitation/contracture
Stability w/notation of any
dislocation

no posture
age appropriate ROM

Muscle Strength and
Tone

no tone

Exam of Right Upper Extremity

Inspection/palpation
ROM no tenderness
nor ROM

Stability no deformity

Muscle Strength and
Tone nor tone

Exam of Left Upper Extremity

Inspection/palpation
ROM no tenderness
nor ROM

Stability no deformity

Muscle Strength and
Tone nor tone

Exam of Right Lower Extremity

Inspection/palpation
ROM no tenderness
nor ROM

Stability no deformity

Muscle Strength and
Tone nor tone

Exam of Left Lower Extremity

Inspection/palpation
ROM no tenderness
nor ROM

Stability no deformity

Muscle Strength and
Tone nor tone

Skin

Inspection no lesions

Palpation no lumps

Neurologic - Cranial Nerves

1st: olfactory nor smell
2nd: optic vision clear
3rd: ocular motor nor ROM

4th: trochlear (superior
oblique) nor ROM

5th: trigeminal
(sensory/motor) nor sensation

6th: abducens (lateral
rectus) nor ROM

Cerebellar

Finger to Nose nor

Heel to shin nor

Rapid alternating
movements nor

Romber

Reflexes symm

Bi C5, 6, 6 rt/lt nor

7th: facial	nor motor facial	Prto C6, 7, rt/lrt	nor
8th: auditory	nor hearing	Tri C7, 8 rt/lrt	nor
9th: glossopharyngeal	nor swallowing	Quad L2-4 rt/lrt	nor
10th: vagus		Ach L5-S2 rt/lrt	nor
11th: accessory		Plantar rt/lrt	nor
12th: hypoglossal		Superficial	
Sensory	symm; nor	Brainstem	
Touch		Jaw	
Pain		Gag	nor
Pressure		Light	
Vibratory		Psychiatric	
		Description of pt's judgement and insight	nor MS

Mental Status

Assessment

Orientation of time, place, A&O x3

and person

Recent and remote

memory

Mood and affect

Notes:

▼ Assessment/Plan

Treatment Ordered

Visit CPT Code/Charges

Hold down <ctrl> key and click to select multiple entries

99214 - Office or other outpatient visit for the evaluation and mana

\$80.00

Diagnosis

401.9 --UNSPECIFIED ESSENTIAL HYPERTENSION, 714.0 --RHEUMATOID ARTHRITIS, 715.90--
OSTEOPATHRITIS- UNSPECIFIED WHETHER GENERALIZED OR L

Record Diagnosis to Face

Sheet

In-House Procedure Codes 20605 - Arthrocentesis aspiration and/or injection intermediate join

Charge \$85.00

Outside Procedure Codes 80004 - Electrolyte Panel, 80012 - Comprehensive Metabolic Panel BJC-

Department of Labs 1-800-654-4383

Medication Prescribed

Amoxicillin-500 mgs-po-TID-#30 Walgreen's-Des Peres

Complaint Profile I

Notes

RA; Start MTX.; URI

Discount

0

Visit Payment

10

Total Charges

165

Time til Next Visit

1 Month

Data Reviewed by: